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OIPE 438

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Juder the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a vail OMB control number.

Under the Pa	perwork Reduction Act o	1995, no person are r	equired to	respond to a collection				B control number	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006				Complete if Known Application Number 10/625,591-Conf. #7954					
						July 24, 2003			
						Takuya HORIGUCHI			
						P. D. Mulcahy			
Applicant claims small entity status. See 37 CFR 1.27						1713			
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00			741 0.1		1403-0253P				
TOTAL AMOU	Attorney Docket No. 1403-0253P								
METHOD OF	PAYMENT (check	all that apply)	,						
X Check	Credit Card	Money Order	No	ne Other	(please ider	ntify):			
Deposit Ac	count Deposit Account	Number: 02-2448	Deposit Acc	count Name:	Birch, St	ewart, Kolasch	& Birch,	LLP	
For the	above-identified dep	osit account, the D	Director is	s hereby authorize	ed to: (che	ck all that apply)			
c	harge fee(s) indicate	d below		Charg	je fee(s) in	dicated below, ex	cept for	the filing fee	
	harge any additional e(s) under 37 CFR		ment of	x Credit	any overp	ayments			
	LATION (All the f			n filing or may	be subj	ect to a surcha	arge.)		
1. BASIC FILIN	G, SEARCH, AND E								
	F	ILING FEES Small Entity	SE.	ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity			
Application T	ype Fee (Fee (\$		Fee (\$)		Fees	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CL	_						F== (\$\)	Small Entity	
Fee Description		auga)					Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							50 200	25 100	
Multiple depend	•	ruumig reissues)					360	180	
Total Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)	N	Iultiple Depende			
13 -20 = x =			(4)	_		Fee Paid (
HP = highest num	ber of total claims paid fo	or, if greater than 20.						<u> </u>	
Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)					
	- 3 =	× = _							
-	ber of independent claim	s paid for, if greater tha	an 3.						
3. APPLICATIO	ON SIZE FEE ation and drawings o	vceed 100 sheets	ofnaner	(evoluding electi	ronically f	iled seguence or	computer		
listings und	der 37 CFR 1.52(e)), action thereof. See	the application si	ze fee dı	ie is \$250 (\$125)	for small e	entity) for each a	dditional 5	50	
Total Sheet				additional 50 or fra	ction there	of Fee (\$)	Fee	Paid (\$)	
Total officer	- 100 =		OI CUOII C	(round up to a wh			= <u></u>	1 4 1 4 1	
4. OTHER FEE(S)								Fees Paid (\$)	
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 1253 Extension for response within third month								790.00 1,020.00	
SUBMITTED BY		/							
Signature	1 1	1/1		Registration No.	32,868	Telephone	(703) 20	05-8000	
_	Andrew D. Meik			(Attorney/Agent)		Date		16, 2006	

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